

IAAP CERTIFICATION & RECERTIFICATION APPEAL FORM



TYPE OF APPEAL

☐ Certification _____ **OR** ☐ Recertification _____
Certification Exam Date *Recertification Due Date*

_____ *Original Certification Date*

PERSONAL INFORMATION

IAAP Member/ID Number _____ Date: _____

Membership Type : ☐ Member ☐ Nonmember _____
Date of Certification

Name (Last/First/Middle): _____

Full Address: _____

City: _____ State/Prov: _____

ZIP/PC: _____ Daytime phone #: _____

Email Address: _____

APPEAL INFORMATION

I am requesting...

☐ An extension to complete needed recertification points

☐ A waiver of late fee

☐ An extension to make recertification payment

☐ Moving exam to next year

☐ Other: _____

Have you made an appeal to the Certification Administrative Committee previously?

☐ Yes

☐ No

If yes, please describe the nature of your appeal.

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APPEAL DETAILS

Details of the appeal

Please provide the details of your request in detail. Attach additional files if more space is needed.

I understand that this appeal form will be reviewed by the Certification Administration Committee; I will receive notice from IAAP when a decision has been made. I also understand that the CAP Program's policies regarding appeal processes are provided in the Certification Policies and Procedures Handbook.

Signature of Appellant

Date

PLEASE ATTACH ANY AND ALL DOCUMENTATION YOU HAVE SUPPORTING YOUR APPEAL.

EMAIL: CERTIFICATION@IAAP-HQ.ORG

MAIL: IAAP CERTIFICATION DEPARTMENT
9233 WARD PARKWAY, SUITE 201
KANSAS CITY, MO 64114